

# 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

(Schedule E)

PAGE 1 OF 2  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Conservative Campaign Committee</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00495010		
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span>					
Full Name of Payee <b>Knoxville New Sentinel</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>08 / 01 / 2014</b>		
Mailing Address <b>2332 News Sentinel Drive</b>			Amount <span style="border: 1px solid black; padding: 2px;">660</span>		
City <b>Knoxville</b>	State <b>TN</b>	Zip Code <b>37921-5766</b>	Transaction ID : <b>122135</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>08 / 05 / 2014</b>		
Purpose of Expenditure <b>8/5 Print Advertising</b>		Category/Type <span style="border: 1px solid black; padding: 2px;"></span>			
Name of Federal Candidate <b>Joe Carr</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <b>TN</b>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">660</span>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____			
Full Name of Payee <b>Knoxville New Sentinel</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>08 / 01 / 2014</b>		
Mailing Address <b>2332 News Sentinel Drive</b>			Amount <span style="border: 1px solid black; padding: 2px;">660</span>		
City <b>Knoxville</b>	State <b>TN</b>	Zip Code <b>37921-5766</b>	Transaction ID : <b>122210</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>08 / 05 / 2014</b>		
Purpose of Expenditure <b>8/5 Print Advertising</b>		Category/Type <span style="border: 1px solid black; padding: 2px;"></span>			
Name of Federal Candidate <b>Lamar Alexander</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <b>TN</b>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">660</span>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____			
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">1320.00</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <i>Kelly Lawler</i>		[Electronically Filed]		Date <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>08 / 01 / 2014</b>	

: 97 'A-G79 @G B9CI G'H9LH'F9 @H98 'HC'5 'F9DCFHŽG7 <98I @ 'CF' +H9A-N5HCB  
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Form/Schedule: F24N

Transaction ID :

NOTE: Date of Disbursement on these transactions is 8/1/2014, Public date is 8/5/14.

Form/Schedule:

Transaction ID: